John Elias Baldacci
Governor

Maine Department of Health and Human Services

Office of Adult Mental Health Services
32 Blossom Lane
11 State House Station
Augusta, ME 04333-0011

Brenda M. Harvey
Commissioner

Ronald S. Welch
Mental Health Director

MEMORANDUM

TO: Community Hospitals

FROM: Ronald S. Welch, Director
Office of Adult Mental Health Services

DATE: October 27, 2006

SUBJECT: Community Service Network Meetings – **IMPORTANT INFORMATION**

The Court Master's approval of the Bates vs. DHHS (AMHI) Consent Decree Plan on October 13, 2006, was a date for all of us to celebrate. Now comes the challenging work of living up to the Court's expectation in implementing the plan.

Local planning, local problem solving, and understanding of the roles of each stakeholder are key to improving the continuity of care for consumers. The Community Service Networks (CSNs) have the primary responsibility for doing this work. The Office of Adult Mental Health Services has scheduled the required meetings for November and December.

Enclosed you will find:

- The meeting schedule and directions for the November and December meetings;
- A sample Memorandum of Understanding (MOU);
- CSNs: Development and Implementation Document;
- A RSVP that includes your CSN participation.

Please go to the OAMHS website for the text for the Settlement Agreement, the Court Master Order of Approval, and the approved OAMHS Plan of October 13, 2006 at:

http://www.maine.gov/dhhs/bds/mhservices/consent_decree

Participation
Consistent representation is requested to ensure continuity in the work of the CSN. The representative slots are not intended to be rotating positions.

Provider Participation
The Court approved plan requires participation by providers of the following services:

- Peer services;
- Crisis Services;
- Community Support Services;
- Outpatient Services;
- Medication Management;
- Residential Services;

- Vocational Services;
- Inpatient Services (including hospitals that do and do not provide inpatient psychiatric services, Riverview Psychiatric Center, Dorothea Dix Psychiatric Center, Acadia Hospital, and Spring Harbor Hospital.

Each provider is required to designate one representative who can speak for the organization to participate in the CSN where they provide services. The enclosed RSVP includes a section where the provider may request exemption from participation in a particular CSN. Reasons for exemption might include very limited service in the CSN area, or service to very few clients, or a very specialized service. OAMHS will review each exemption request and notify the provider if the exemption is approved, or not.

Each provider that receives OAMHS funding for a peer center or a social club is also required to have the peer center/social club appoint its own consumer representative to the CSN. If you are such an agency, then this mailing will include a separate packet for each peer center/social club.

Consumer Participation
The approved plan requires the development of regional consumer councils and a statewide consumer council. These councils are being developed by the Transition Planning Group (TPG), a representative group of consumers. As these councils are not fully developed, the TPG has the responsibility for appointing one to three interim consumer representatives to each of the CSNs. Once the councils are operational, these interim appointments will cease and the councils will select the representatives.

Family Participation
The National Alliance for the Mentally Ill of Maine (NAMI-ME) will be providing a family member to each of the CSNs to represent the concerns of families with adult family members who have mental illness.

Work of the CSNs
The enclosed sample MOU gives the broad context of the responsibilities of the CSN. The immediate tasks are the development of operational protocols and the signing of a MOU. The Court requires that each CSN have the opportunity to create its own operational protocols and MOU and that these must be submitted to OAMHS and approved by OAMHS by January 3, 2007. The agenda for the first two meetings will include the development of these documents. A sample MOU is included in this packet for your review and OAMHS will be providing a sample operational protocol at the CSN meeting. If the CSN fails to meet the court deadline for the creation of the operational protocols and the MOU, OAMHS has the authority to provide the operational protocol and the MOU that must be implemented by the network.

Please refer to the enclosed “CSNs: Development and Implementation” document for more specifics about the ongoing agenda.

I appreciate that there is much to be done, and look forward to working with you to demonstrate to those we support and to the Court that we are able to meet the challenges and opportunities afforded in the approved OAMHS Consent Decree Plan.

Enclosures

MODEL AGREEMENT

COMMUNITY SERVICE NETWORK
FOR AREA XX ("the CSN")

MEMORANDUM OF UNDERSTANDING ("MOU")

I. INTRODUCTION

The purpose of the Community Service Network (CSN) is to coordinate services among network providers so that all consumers of mental health services in the network can receive all needed community services in their home network area. Participants in the CSN are the providers of core services in the network area, the consumer councils and the Office of Adult Mental Health Services ("OAMHS"). Dorothea Dix Psychiatric Center and Acadia Hospital are part of CSN 1 Aroostook County and CSN 2 Hancock, Washington, Penobscot, and Piscataquis Counties. Riverview Psychiatric Center and Spring Harbor are part of the remaining CSNs 3 through 7.

II. GOALS OF THE COMMUNITY SERVICE NETWORK

A. To provide an integrated system of care in the CSN.

B. To ensure to the maximum extent possible that residents of the CSN geographic area are able to receive core services within the area.

C. To ensure that consumers can receive seamless, integrated care to meet their changing needs.

D. To improve:
- Continuity of care for recipients of service within and across service provider systems.
- Efficiency of care for service providers and recipients of service alike.
- Outcome effectiveness of service for recipients of service.
- Cost effectiveness for recipients of service and for the community as a whole.

III. GUIDING PRINCIPLES:

A. The focus of the CSN is the adult mental health consumer.

B. Quality of care for consumers depends in large part upon how easily they can access services and make transitions among services without being disconnected.

C. Coordination among service providers, with appropriate sharing of information, and a primary focus by the providers on their contributions to the whole mental health system, is what makes an effective and responsive system.

D. Local planning, local problem solving, and a mutual understanding of the roles and expectations of each service provider should be effective ways to support continuity of care.

E. Based upon the current best practice and evidence based models, the mental health care system in the CSN must support the recipient of service and members of his or her personal support system both in becoming knowledgeable about the consumer's mental health condition and the available services and in participating actively in making decisions about choosing services.

F. Providers and service systems should practice collaboratively in an integrated manner across professional disciplines (inclusive of peer disciplines and supports) and health specialty areas.

IV. STRUCTURE OF COMMUNITY SERVICE NETWORK

A. The CSN will include the following state-funded Core Service providers from the Area, representatives of the consumer council (s) located in the area, and the state and specialty hospitals as noted in the Introduction:
   1. Crisis Services, including Crisis Stabilization Units
   2. Peer Services
   3. Community Support Services (Community Integration, Intensive Community Integration, and Assertive Community Treatment Services; Daily Living Support, Skills Development, and Day Support Services)
   4. Outpatient Services
   5. Medication Management
   6. Residential Services
   7. Vocational Services
   8. Community Hospitalization Services (including services in hospitals that do and hospitals that do not provide inpatient psychiatric services)

B. The CSN will meet no less than monthly.

C. The CSN will establish and oversee operational protocols, which may include by-laws, that the CSN deems necessary to achieve the goals of the CSN. The initial operational protocols and any subsequent must be approved by OAMHS.

D. The CSN will establish outcome measures and assure the quality of continuity and integration of services in the CSN.

E. The CSN may establish subcommittees or ad hoc committees as needed

F. The Chair of the CSN will be the OAMHS Team leader.

V. AGREEMENT AND RESPONSIBILITIES OF ORGANIZATIONS

A. The participant recognizes that the CSN is responsible for the care of those persons who reside in the CSN area, and agrees to ensure that consumers in the CSN area can be served in the CSN area, except as approved by OAMHS.

B. As a member of the CSN, the participant agrees to:
   - Assure delivery of services to all mental health consumers in the network area;

- Maintain a “no reject” policy so that no consumer is refused needed service within the CSN area;
- Engage in problem solving in the CSN to ensure that clients with complex needs are appropriately served;
- Identify services necessary for consumers in the CSN who are at risk and provide those services;
- Comply with all provisions of the Bates v. DHHS Consent Decree, especially where service coordination within the core service array is necessary;
- Assure 24-hour access to a consumer’s community support services’ records for Community Integration (CI), Intensive Community Integration (ICI), and Assertive Community Treatment (ACT) for better continuity of care during a psychiatric crisis;
- Plan based on data and consumer outcomes;
- Implement the Rapid Response protocol;
- Provide coordination among the community support program, the crisis program and hospitals to ensure the appropriate sharing of information, including the ISP and community support worker attendance at hospital treatment and discharge planning meetings;
- Assure continuity of treatment during hospitalization and the full protection of a client’s right to due process;
- Recognize the authority of the community support services staff (CI, ICI, ACT) as coordinators of the ISP and the services contained therein.

C. The participant will appoint a representative who has the authority to make commitments on behalf of the participant and who will attend monthly meetings of the CSN.

D. The participant will join in appropriate special projects and committees as may be developed by the CSN.

E. The participant commits to the guiding principles, goals, and structure outlined above.